

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HFD12-0011</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/08/2010</b>
NAME OF PROVIDER OR SUPPLIER  <b>WARD &amp; WARD</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>825 FERN PL, NW WASHINGTON, DC 20012</b>		
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I 000	INITIAL COMMENTS  A licensure survey was conducted on September 07, 2010 thru September 08, 2010. A sampling of two residents from the residential population of four males was selected for the survey. The results of the survey was based on observations in the home, interviews with the administrative, nursing and direct care staff, as well as a review of the resident and administrative records and incident reports.	I 000	<p style="text-align: center;">GOVERNMENT OF THE DISTRICT OF COLUMBIA DEPARTMENT OF HEALTH HEALTH REGULATION ADMINISTRATION 825 NORTH CAPITOL ST., N.E., 2ND FLOOR WASHINGTON, D.C. 20002 OCT - 5 2010</p> <p>Please find attached copy of revised policy on Equipment and work area sanitation. also, the Hand Dish-washing policy, that was in the policy and procedure manual.</p>	
I 061	3502.19 MEAL SERVICE / DINING AREAS  Each GHMRP shall have effective procedures for cleaning all equipment and work areas used in the preparation and serving of foods.  This Statute is not met as evidenced by: Based on record review and staff interview, the GHMRP's failed to have an effective procedures for cleaning all equipment and work areas used in the preparation and serving of foods.  The finding includes:  Review of the GHMRP's Policies and Procedures on September 8, 2010, revealed the GHMRP's failed to have an effective procedures for cleaning all equipment and work areas used in the preparation and serving of foods.	I 061		
I 090	3504.1 HOUSEKEEPING  The interior and exterior of each GHMRP shall be maintained in a safe, clean, orderly, attractive, and sanitary manner and be free of accumulations of dirt, rubbish, and objectionable odors.	I 090		

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*Michael Dan*

TITLE *Program Director*

(X6) DATE

*10/1/10*

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

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If continuation sheet 1 of 9

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I 090	<p>Continued From page 1</p> <p>This Statute is not met as evidenced by: Based on observation and interview, the GHMRP failed to ensure the interior of the GHMRP was maintained in a safe, clean, orderly, attractive, and sanitary manner for five of five residents residing in the facility. (Residents #1, #2, #3, #4, and #5)</p> <p>The findings include:</p> <p>On September 8, 2010, beginning at 2:00 p.m., a walk through of the GHMRP with the house manager (HM) revealed the following:</p> <p>Interior</p> <ol style="list-style-type: none"> <li>1. The basement laundry room ceiling was observed with chipping and peeling paint.</li> <li>2. The first floor rear sliding screen door was off the hinge making the door difficult to open.</li> <li>3. Two dresser drawers were observed in disrepair in resident's #1 and #2's bed room.</li> <li>4. The tub on the first floor in bath room #1 was observed with mildew and chipped chalking all around the tub.</li> <li>5. The tub on the first floor in bath room #2 was observed with mildew around the tub and there was a broken towel rack on the entrance wall.</li> </ol> <p>Exterior</p> <ol style="list-style-type: none"> <li>1. The rear walk way of the GHMRP was</li> </ol>	I 090	<p>The Facility Managers complete a weekly facility checklist to identify needed repairs. The GHMRP's monitor the checklist monthly to ensure repairs are completed. Additionally, our maintenance team has made the following repairs: <u>INTERIOR</u></p> <ol style="list-style-type: none"> <li>1. Basement laundry room repainted.</li> <li>2. Repaired 1<sup>st</sup> floor rear sliding door.</li> <li>3. Replaced/repaired dressers in individual's #1 and #2.</li> <li>4. Repaired tub on the 1<sup>st</sup> floor bathroom repaired.</li> <li>5. Repaired towel rack and tub of bathroom</li> </ol>	<p>10/15/10</p> <p>"</p> <p>"</p> <p>"</p> <p>"</p>

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I 090	Continued From page 2  observed to be in need of repair, it had loose boards and raised screws on the railing.  2. The wooden gate at the rear GHRMP was broken off of it's hinge.  The House Manager confirmed the findings on September 8, 2010 at 2:30 p.m.	I 090	<u>EXTERIOR</u> 1. Repaired rear walkway 2. Repaired gate at the rear of home.	10/15/10 n
I 109	3504.16 HOUSEKEEPING  Each GHMRP shall label inconspicuously each item of clothing as belonging to a particular resident as indicated in his or her Individual Habilitation Plan (IHP).  This Statute is not met as evidenced by: Based on the environmental inspection, the group home for mentally retarded persons (GHMRP) failed to label inconspicuously each item of clothing as belonging to a particular resident for two of the two residents in the sample. (Resident #1 and #2)  The findings include:  During the inspection of the environment on September 8, 2010, beginning at 2:10 p.m., Resident #1 and #2's bedroom was inspected. Observation of the bedroom revealed resident's #1 and #2 shared a room. Continued observation of the resident's drawers revealed that their clothing was not labeled in an inconspicuous manner.	I 109	Upon research of the final rule making published May 8, 1992 there is no 3504.16. Further the individuals have separate dressers and easily identified closet space to ensure individuals clothing is kept separate.	
I 167	3507.4(e) POLICIES AND PROCEDURES	I 167		

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I 167	Continued From page 3  The manual shall incorporate policies and procedures for at least the following:  (e) Personnel, which covers job descriptions and qualifications, staff/resident ratios, training and staff development, health inventory;  This Statute is not met as evidenced by: Based on review of records the Group Home for Mentally Retarded Persons (GHMRP) failed to ensure that their Policies and Procedures' Manual included a personnel policy that addressed job descriptions and qualifications, staff/resident ratios, training and staff development, and health inventories  The finding includes:  Review of the policies and procedures on September 8, 2010, failed to provide evidence of a personnel policy that addressed job descriptions and qualifications, staff/resident ratios, training and staff development, health inventories.	I 167	Please find attached Pages 20, 21 of HR Policy and Procedures manual which address Job descriptions, qualifications, evaluations and required certifications.	10/1/10
I 203	3509.3 PERSONNEL POLICIES  Each supervisor shall discuss the contents of job descriptions with each employee at the beginning employment and at least annually thereafter.  This Statute is not met as evidenced by: Based on record review and staff interview, the Group Home for Mentally Retarded Persons (GHMRP) failed to document annual reviews of job descriptions, for three out of five consultants. (TME #2, TME #3 and the RN ).  The finding includes:	I 203	Job descriptions for TME # 2, TME #3 and RN are in their records and available for review.	10/1/10

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I 203	Continued From page 4  On September 8, 2010, beginning at 11:40 a.m., interview with the house manager and review of the GHMRP's personnel files revealed the GHMRP failed to provide evidence that the facility discussed the contents of job descriptions with TME #2, TME #3 and the RN .	I 203			
I 206	<b>3509.6 PERSONNEL POLICIES</b>  Each employee, prior to employment and annually thereafter, shall provide a physician ' s certification that a health inventory has been performed and that the employee ' s health status would allow him or her to perform the required duties.  This Statute is not met as evidenced by: Based on staff interview and record review, the group home for mentally retarded persons (GHMRP) failed to ensure all staff received an annual health inventory prior to employment as required by this section for one of the five consultants. (Dietician)  The findings include:  Interview with the GHMRP's House Manager (HM) and review of the facility's personnel records on September 8, 2010 beginning at approximately 11:40 a.m., revealed the Dietician failed to evidence an health inventory.  At the time of the survey, the GHMRP failed to ensure evidence that one of five consultants had secured the proper and necessary health screening as required by this section.	I 206	<i>Dietician Health Inventory is in the personnel record and available for review.</i>	<i>10/1/10</i>	

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I 274	Continued From page 5	I 274		
I 274	<p><b>3513.1(e) ADMINISTRATIVE RECORDS</b></p> <p>Each GHMRP shall maintain for each authorized agency ' s inspection, at any time, the following administrative records:</p> <p>(e) Signed agreements or contracts for professional services;</p> <p>This Statute is not met as evidenced by: Based on staff interview and record review, the Group Home for Mentally Retarded Persons (GHMRP) failed to provide evidence of signed agreement, for one of five consultants. ( RN)</p> <p>The finding includes:</p> <p>Review of the personnel records and interview with the House Manager (HM) on September 8, 2010 at approximately 11:40 a.m., revealed there was no signed contract on file for the RN.</p>	I 274	<p><i>RN signed agreement has been updated and filed in personnel records and available for review.</i></p>	10/1/10.
I 379	<p><b>3519.10 EMERGENCIES</b></p> <p>In addition to the reporting requirement in 3519.5, each GHMRP shall notify the Department of Health, Health Facilities Division of any other unusual incident or event which substantially interferes with a resident ' s health, welfare, living arrangement, well being or in any other way places the resident at risk. Such notification shall be made by telephone immediately and shall be followed up by written notification within twenty-four (24) hours or the next work day.</p> <p>This Statute is not met as evidenced by: Based on interview and record review, the</p>	I 379		

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I 379	<p>Continued From page 6</p> <p>GHMRP failed to ensure the Department of Health (DOH), Health Facilities Division was immediately notified, followed by written notification within 24 hours, of unusual incidents that substantially interfered with a resident's health, for two of two residents included in the sample. (Resident #1 and #2)</p> <p>The findings include:</p> <p>Review of the facility's incident reports on September 07, 2010, at approximately 10:00 a.m., revealed the following incidents were not reported as required:</p> <p>1. On December 23, 2009, Resident #1 sustained injuries to his left hand and left ankle as the result of falling on ice while walking in the community. Continued review of the incident report revealed that the resident was transported via 911 to the emergency room. Further review revealed Resident #1 was evaluated and treated at the hospital on December 23, 2009 with a diagnosis of a closed fibula fracture. Review of an orthopedic consult dated December 29, 2009 on September 07, 2010 at approximately 11:00 a.m. revealed Resident #1 had sustained a fracture of the left ankle.</p> <p>2. On June 24, 2009, Resident #1 was experience an episode of chest pains in the day program. Continued review of the incident report revealed that the resident was transported via 911 to the emergency room for evaluation and treatment.</p> <p>3. On October 13, 2009, Resident #2 was reported to have sustained an injury to the back of his head after falling out of a chair in the facility. Continued review of the incident report</p>	I 379	<p>Please find attached a copy of our reporting list of all serious and reportable incidents which was reviewed by all QMRP's. Additionally all reports were entered into the MCIS system in accordance with DDA regulations.</p>	10/1/10

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I 379	Continued From page 7  revealed that the resident was transported via 911 to the emergency room for evaluation and treatment.  During a face to face interview with the Licensed Practical Nurse (LPN) on September 07, 2010, at approximately 1:00 p.m, it was acknowledged the Department of Health/Health Regulation Licensure Administration (DOH/HRLA) had not been notified of the aforementioned incidents.  There was no documented evidence that DOH/HRLA had been notified.	I 379			
I 401	3520.3 PROFESSION SERVICES: GENERAL PROVISIONS  Professional services shall include both diagnosis and evaluation, including identification of developmental levels and needs, treatment services, and services designed to prevent deterioration or further loss of function by the resident.  This Statute is not met as evidenced by: Based on interview and record review, the group home for mentally retarded persons (GHMRP) failed to ensure professional services included both diagnosis and evaluation, including identification of developmental levels and needs, treatment services, and services designed to prevent deterioration or further loss of function by the resident for two of two residents in the sample. ( Resident #1 and #2)  The findings include:  Review of Resident #1 and #2's medical record on September 07, 2010, at approximately 2:00 p.m., revealed no evidence of a psychological	I 401	QMRP's will request from DDS Service Coordinators a referral for a psychological assessment to be done on Individuals #1 and #2.	10/1/10	



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I 401	<p>Continued From page 8 assessment.</p> <p>During a face to face interview with the Licensed Practical Nurse (LPN) on September 07, 2010 at approximately 2:25 p.m., it was acknowledged Resident #1 and #2's psychological assessment was not in the medical record.</p> <p>There was no evidence of professional services including psychological assessments that identified the diagnosis, evaluation and developmental levels and needs for the residents.</p>	I 401			